APPLICANT PERSONAL STATEMENT

NAME(LAST, FIRST MI) U SSN RS DATE I, Tarquelene M'Clorey noticed discomfort when adulta softball in my left shoulder My parents took me to Columbia Hospital to see Dr. Christopher Ahmad M.D. who is a sports medicine specialist and fixuses on shoulder injunes. His findings showed that due to the constant and strenuous movement involved with windmill pitching, the muscles non hen stretched Dr. C. Ahmad then performed knotiscopic surgery on August 16th 2010 to tighten the muscles. There were no tods or any type of midware put into my shoulder. A month after surgery I man physical therapy. The time spent coincy therapy tothing an office and of my own was six months. The therapy continued at home and in the own was six months. The therapy continued at home and in the own was six months. The therapy	MCIOVEN. JON	201 plane	082-84-8112	+ Albany	20160819
in My 18Pt Shoulder My Darents took me to Columbia Hospital to see Dr. Christopher Ahmad M.D who is a sports medicine specialist and fixuses on shoulder injuries. His findings showed that due to the constant and strendows malement injuried with windmill difficing the muscles had been stretched Dr. C. Ahmad then performed Copriscopic surgery on August 16th 2010 to tighten the muscles. There were no tods or any type of hardware put into my shoulder. A month after surgery I mad physical therapy. The time spect doing therapy toothing an office and off my own was six months. The therapy continued at home and in the gam even offer it mad a follow up appointment with Dr. C. Ahmad where he cleared me for all sports and physical activities. To 2012 I was discharged from Dr. C. Ahmad where he cleared me for all sports and physical activities as well as weight training. I am also currently doing ten to twelve pull your weight training. I am also currently doing ten to twelve pull your weight training.	NAME(LAST, FIRST MI)	V	SSN	RS	
	see Dr. Christo Focuses on sho Constant and Muscles non he Surgery on A Surgery I had Surgery I had Surgery I had Surgery I had Surgery I had Continued at he Hal the rapist appointment w appointment w and physical o Carr Today I waght training	pher Ahma pher Ahma strenow en stretch ugust luch in phusice and phusice and once I'm once I'm ith Dr.C. chrittes. Darticip I am	My parents of M.D. who who who who his fingly of my or an introduction of the solid when the solid in the solid interest interest in the solid interest int	moderne to Co Is a sports modernes showed involved with a nort then performed into my show into	Jumbia Hospital to Licine Specialist and HOUT DUR to the Windmill Ditching, the MINDMISCOPIC SCLS. There were no HER. A month after IT doine therapy NONTHS. The therapy IT MA chaked with I had a follow up he for all sports I from Dr. C. Ahmads activities as well as to twelve oull not

LEVEL OF ACTIVITY STATEMENT

1. Wha	It physical activities are you involved in? Includes individual and team sports, as
well	as anything physical that you do at your job?
It	have been training with my recruiters and other
an	plicants in the office since September 2015. I also
00	to Planet Fitness at least four times a week I do
ala	Of of weight lifting in the own.
	ST ST CONTRACTOR OF THE SQUARE
2. How	many times per week and for how long do you participate in each activity?
Inclu	de the time of the year you participate in each of the activities.
	come in for PT twice a weer. I have been
-	TO THE STATE OF TH
	ally around an hour and a half. I go to the gum
leas	year round and is there for around true hours at
	long have you participated in each of your physical activities?
300	ve been a gum member for about six years.
CALL	a attending PT tor about 11 months.
-	
4 Day	
	ou have any physical limitations or restrictions that preclude you from
partic	cipating in any physical activities?
NOT	I have full range of motion and strength, there
	no limitations or restrictions that provent me
<u> 77 Or</u>	m participating in any physical activities.
5. Have	you ever had any sports or physical activities injuries? Please explain.
<u> Yes</u>	, due to the constant motion of windmill pitching
tron	n Olayina Softmall in Nigh school muscles
BUY	provincially try shoulder not Deen Stretched.
	<u> </u>
6. Are t	here any sports or physical activities you can not or have been advised not to
parti	cipate in? If so, when would you be able to resume the subject physical activity?
NO	. I have been cleared for all musical activities
an	d military duties.
•	
<u> </u>	

7. Have you had any surgery, medical treatment, or physical therapy for any injury?	
Explain when the surgery and/or medical treatment was and when you were discharged	
from doctor's care.	
I had shoulder surgery in 2010 to tighten the	
Surrounding muscles, After the procedure I did six	
months of therapy where I regained strength and full	
range of motion. I was discharged from the doctors care in April 2	A12
TRINGE OF HID HOUR ON CONTRACT CHANGE TO THE CANADIA COUNTY HAD THE	112-
8. Are you under any current medical care and/or physical therapy for an injury?	
MO, I am not currently under any medical	
care or physical therapy for an injury.	
Tarit or trigs are treated for our unions.	
9. Are you under any current medical care for any reason? Explain.	
NO. I am not currently under any Medical care	
For Any reason.	
10 (111)	
MC C 20160819	
Signature of Applicant and Date	

Progress Note

Patient: Mcclorey, Jacquelene Account Number: 114525

DOB: 04/06/1995 **Age:** 21 Y **Sex:** Female

Phone: 845-469-4030

Address: 145 Conklingtown Rd, Chester, NY-10918

Provider: ROBERT P MANTICA

Date: 07/22/2016

Subjective:

Chief Complaints:

1. INITIAL FOR LEFT SHOULDER CLEARANCE FOR USMC.

HPI:

-Today's Visit::

Amanda Hansen, P.A. has sent this patient to our office for an evaluation of her left shoulder. She is signing up for the Marine Core and they have asked for an orthopedic clearance because she had left shoulder arthroscopic repair of a lax labrum. This was performed in 2010. The patient had rehab and since that time has had no pain in her shoulder. She has no restriction of motion. She has been training with a Marine group for almost a year. She is doing weight lifting. She is doing pull-ups, pushups and other exercises that demand strength and resistance in the shoulder. She has had no difficulty with these.

ROS:

General/Constitutional:

Patient denies fever, chills, fatigue.

HEENT:

Patient denies cold symptoms, sinus pain.

Respiratory:

Patient denies cough, shortness of breath.

Cardiovascular:

Patient denies chest pain, palpitations.

Gastrointestinal:

Patient denies abdominal pain, nausea, vomiting, diarrhea, constipation.

Hematology/Lymphatic:

Patient denies bleeding problems, anemia.

Musculoskeletal:

Patient complaining of LEFT SHOULDER.

Peripheral Vascular:

Patient denies blood clots in legs, cold extremities.

Dermatology:

Patient denies rash, skin lesion(s).

Neurologic:

Patient denies gait abnormality, tingling/numbness.

Surgical History: Appendectomy .

Medications: None

Allergies: Carafate: rash: Allergy, Flagyl: Allergy.

Objective:

Vitals: BP 120/72 mm Hg, HR 68 /min, RR 15 /min, Ht 64 in, Wt 145 lbs, BMI 24.89 Index.

Examination:

General Examination:

GENERAL APPEARANCE: well developed, well nourished, alert and oriented, 21-year-old woman. She is muscular.

HEAD: atraumatic, normocephalic.

LYMPH NODES: no lymphadenopathy.

MUSCULOSKELETAL: She has no atrophy, but good muscle development in her upper extremities. She has full active range of motion of both shoulders. It is symmetric with 180

degrees of forward flexion and 160 degrees of abduction. She has full internal and external rotation. She has good strength against resistance in all motor groups tested.

EXTREMITIES: no clubbing, cyanosis, or edema.

PERIPHERAL PULSES: 2+ dorsalis pedis, 2+ posterior tibial, 2+ radial.

SKIN: warm and dry, no rashes.

NEUROLOGIC: alert and oriented to person, place, and time, cranial nerves 2-12 grossly

intact.

Assessment:

Assessment:

The patient is fit for full duty in the Marine Core.

Plan:

1. Others

Notes: Her left shoulder exam is well within normal limits today.

Follow Up: prn

Provider: ROBERT P MANTICA

Patient: Mcclorey, Jacquelene DOB: 04/06/1995 Date: 07/22/2016

Robert ? Marting 10

Electronically signed by ROBERT MANTICA , MD on 07/27/2016 at 09:27 AM EDT Sign off status: Pending

From: NYOH - Presbyterian Hospital - (212)305-5974



CURRINT EVAL SHOULDER

Sent On: 07:28 AM, Friday, June 05, 2015 # OUL DER

Patient: 1995

JACQUELENE MCCLOREY

MRN:5713245

DOB: Apr 06,

Date of Service: 06/05/2015

To Whom it May Concern:

JACQUELENE MCCLOREY is under my care. She had left shoulder arthroscopic labral repair and capsulor haply on August 16th, 2010. She fully recovered from that surgery. She was last evaluated in the office on February 27th, 2012. At that time she had full range of motion and no limitations. She is cleared for all sports and military activities. Please contact our office with questions.

Sincerely,

Christopher Ahmad, MD

Electronically signed by: Julianna Kaplan Jun 5 2015 10:34AM EST Administrative

Reviewed and Considered in Applicant's Physical Photos of Dr. P. Date Sollow of







NY ORTHOPARDIC HOSPITAL ASSOC., P.C.
Cdamble Orthopaedics
622 West 163* Street, Pfill
New York, NY 10032

www.avp.ors/columbiacetho

Patient: JACQUELENE MCCLOREY
Operative Note

DOB: Apr 06, 1995 MRN:5713245 Date of Visit:08/16/2010

Christopher S. Ahmad, M.D. Shoulder, Elbow & Sports Medicine (212) 305-5561

Melanie E. Campbell, N.P. Shoulder, Ellow & Sporte Medicine (212) 305-5561

Maria Carmela Evangelisia, H.P. General Ordiopedics (212) 305-1566

Charle R. Fischer, M.B. Spine (212) 305-9192

Jeffrey A. Geller, M.D. Hip & Kone Replacement (212) 305-1120

Justin K. Greisberg, M.D. Fant & Antic, Transac (212) 305-5604

Charles M. Jobin, M.D. Shoulder, Ellow & Sparts Medicine (212) 305-6445

R. Kumar Kadiyale, M.D., PhD Hand, Ethers, Upper Extraolly Periphenal Herre and Trausa (212) 932-4403

Youging Kim, M.D. Spine (212) 305-5391

Prancis Y, Lee, M.D., Ph.D. Timor & Bone Disease, Pullatrics (212) 305-3293

William N. Levine, M.D. Shoulder, Ellion & Sports Medicine (212) 395-8762

T. Scan Lyuch, M.D. Sports Medicine (212) 305-0761

William B. Macaulay, M.D. Hip & Knoe, Trumer (212) 305-6959

Olemnes A. Nercemine, M.D. Plife & Kine, Transas (212) 305-5486

Malyla P. Reseawanie, M.D. Hand Ellow, Micrometale, Trans (212) 305-8016

Rocken P. Shele, M.D./J.D. Filip & Knee Replacement (212) 305-4626

Robert J. Strauch, M.D. Hand, Ellow and Microsocular (212) 305-4272

J. Throne Veneller, M.D. Fool & Anth, Traum (212) 305-4587

Mark Weldenhaum, BC.D. Spige (212) 305-3962

George J. Zombotti, Jr., M.D. Sports Afedicine, Knoe Arthroscopy and Transac 12125 Sts. 0226 New York Presbyterian Hospital - Columbia

Operative Report

NAME: MCCLOREY, JACQUELINE

MRN:5713245

ATT:

DICT: Christopher Ahmad, M.D.

Admit Date:

Discharge Date:

Procedure Date: 08/16/2010

SURGEON. CHRISTOPHER AHMAD, M.D.

PREOPERATIVE DIAGNOSIS: LEFT SHOULDER INSTABILITY.

POSTOPERATIVE DIAGNOSIS: LEFT SHOULDER INSTABILLTY.

OPERATION:

lbet shoulder arthroscopic labral repair and capsulorrhaphy.

ASSISTANT:

DR. STEPHANIE HSU DR. BRIAN SHULTZ

anesthesia:

General,

COMPLICATIONS:

None.

ESTIMATED BLOOD LOSS:

Scant.

IMPLANTS:

Included 4 Arthrex 2.4 Bio-Composite suture tacks.

FINDINGS AT SURGERY:

Exam under anesthesia was significant for grade 3 posterior instability and grade 2 anterior instability, 1-cm sulcus, and there were intact chondral surfaces and intact rotator cuff.

TNDTCATTONS

The patient has had a long history of left shoulder pain associated with a voluntary component of instability and infection, could not raise her arm without her shoulder subliving

and reducing. Options of nonoperative as well as operative treatments, benefits and alternatives associated with surgery were discussed at great length with the patient and her family, and they understood the risks include, but not be limited to

QD

Reviewed and Considered

in Applicants Physical by



Columbia Doctors | Orthopedics



CHRISTOPHER AHMAD M.D

622 West 168th Street, PH11 New York, NY 10032 www.nyp.org/columbiaortho

Patient: JACQUELENE MCCLOREY

MRN: 5713245

Date of Visit: Oct 19 2015 DOB: 04/06/1995

Christopher S. Ahmed, M.D. Shoulder, Elbow & Sports Medicine (212) 305-3561

Meinale E. Campbell, N.P. Sheidder, Ellow & Sparte Madicine (212) 305-5561

Harin Carmela Evangalista, PCP. Jeneral Orshapedica (212) 305-1566

Charle R. Fischer, M.D. Spins 212) 305-9192

leffrey A. Geller, M.D. Vip & Kone Replacement 212) 305-1120

iustin K. Greicherg, M.D. Foot & Anlie, Trouse 212) 305-5604

Charles M. John, M.D. Romider, Elbow & Sparts Medicine 212) 305-6445

L. Kamme Kadiyula, M.D., PhD Tand, Elbov, Upper Entrantly Verfaheral Nerve and Transau 212) 932-4403

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francis Y. Lee, M.D., Ph.D. Viscor & Bone Disease, Padietrics 212) 305-3293

Villam N. Levine, Bl.D. Resider, Elbow & Spare Medicine 212) 305-0762

. Scan Lyuch, M.D. parts Medicine 112) 305-0761

Villiam B. Macaulay, M.D. Ip & Kine, Transa 112) 305-6959

Hainnes A. Nervesslan, M.D. Ip & Kure, Trauma 112) 305-5486

Selvin P. Resenvance, M.D. land, Effort, Microvascular, Trauma 112) 305-8036

imhan P. Shah, M.D./I.D. ip & Knos Replacement 112) 305-4626

abert J. Strauch, M.D. and, Elbew and Micromicular 112) 305-4272

Turner Vusseller, M.D. not & Ankle, Transac 112) 305-4587

iark Weldonbeum, 84.D, sine 112) 305-3962

on J. Zambalii, Jr., M.D.

To: United Stated Marine Corps

From: Christopher S. Ahmad, MD; Orthopedics.

I have treated Jacquelene McClorey in the past for a left shoulder condition. Jacquelene did not have any episodes of frank dislocation but does have a prior history of instability of the left shoulder. It was corrected on 8/16/2010 by arthroscopic labral repair and capsulorrhaphy. After surgery, she underwent physical therapy where her recovery was successful. Her last evaluation was on 2/27/2012 where she demonstrated full range of motion, full strength, no glenohumeral translation, and had no limitations. In my medical opinion, Jacquelene McClorey is cleared for sports and high impact activities, to include the rigors of recruit training, without restrictions or limitations.

Please contact our office with any questions.

Sincerely,

Christopher S. Ahmad, MD
Head Team Physician New York Yankees
Head Team Physician New York City Football Club
Chief, Sports Medicine Service
Co-Director, Center for Shoulder, Elbow, and Sports Medicine
Director, Pediatric and Adolescent Sports Medicine, Biomechanics Research
Vice Chair of Clinical Research
Professor of Orthopaedic Surgery
Columbia University Medical Center

Electronically signed by: Rosa Falce Oct 19 2015 4:48PM EST Administrative







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Columbia Orthopaedics
622 West 168° Street, PH11
New York, NY 10032

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Patient: JACQUELENE MCCLOREY Office Visit

DOB: Apr 06, 1995 **MRN:**5713245 **Date of Visit:**06/07/2010

Christopher S. Ahmad, M.D. Shoulder, Ethow & Sports Medicine (212) 305-5561

Melanie E. Camphell, P.P. Shoulder, Elbou & Sporte Medicine (212) 305-3561

Maria Carmela Reangalieia, N.P. General Ordenpolica (212) 305-1566

Charle R. Flecker, M.D. Spine (212) 305-9192

Jeffrey A. Geller, M.D. Hijo & Knee Replacement (212) 305-1120

Sestin K. Greisberg, M.B. Foot & Anthi, Transa (212) 385-5684

Charles M. Jabin, M.D. Shonkler, Ellow & Sports Medicine (212) 305-6145

R. Kumar Kadiyala, M.D., PhD Hand, Elbar, Upper Estractly Parigheral Herve and Trauses (212) 932-4463

Yougiung Kim, M.D. Spine (212) 305-5391

Francis Y. Les, M.D., Ph.D., Tumor & Bose Disease, Pediatrics (212) 305-3293

William N. Lorino, N.D. Shouhler, Elleur & Sports Medicine (212) 305-0762

T. Soan Lynch, M.D. Sports Medicine (212) 305-0761

William B. Macaulay, M.D. Hip & Knos, Traine (212) 305-6959

Channas A. Harcessina, M.D. Hip & Knee, Transas (212) 305-5486

Malvin P. Resenvancer, M.D., Hand, Ellian, Micronescalar, Transa (212) 305-8636

Rachan P. Slosh, M.D./I.D. Hip & Knee Replacement (212) 305-4626

Robert J. Strauch, M.D. Hand, Ellins and Microscopius (212) 385-4272

J. Turner Vensiler, M.D. Fast & Aulie, Trams (212) 305-4587

Mark Weldenbaum, M.D. Salar (212) 305-3962

George J. Zambatil, Jr., M.D. Sports Medicine, Knoe Arthroscopy and Trainse 1213 SSC 2216 REFFERAL SOURCE:

Jennifer Solomon, Hospital for Special Surgery.

CHIEF COMPLAINT: Left shoulder instability.

HTSTODY

The patient is a 15-year-old female extremely active in multiple sports, her primary being softball as a pitcher, also plays flag football who has had almost a full year of left shoulder pain with instability that has persisted despite nonoperative treatment with at least 3 months of physical therapy. She explains that her shoulder moves out of position and goes back in, and she is now unable to do routine activities such as lifting overhead without the symptoms. She also develops numbness sensation on occasion that affects all her digits and goes from her shoulder down her arm. She has undergone an MRI scan and is presenting for another evaluation.

Further details of past medical history, past surgical history, review of systems, medications, and family history were reviewed and outlined on the chart.

PHYSICAL EXAMINATION:

Exam reveals a healthy-appearing female, alert and oriented x3. Mood is appropriate. Ambulates with a slow steady gait. The right shoulder has full range of motion, normal sensation, 5 out of 5 motor strength, 2+ radial pulse. Skin is intact. No edema. No instability. There is generalized ligamentous laxity with elbow recurvatum, metacarpal hyperextension, and thumb to radius.

Left shoulder with active forward elevation dislocates posteriorly and then spontaneously reduces. The dislocation can be prevented with manual assistance, and external rotation is 70, internal rotation is T10, and there is weakness to forward elevation, external rotation. In the supine position, is grade 3 posterior translation, grade 2 anterior, 1 cm sulcus.

X-RAYS:

By report, MRI reveals large patulous capsule.

IMPRESSION:

Left shoulder voluntary multidirectional instability, posterior major component.

PLAN:

Left shoulder diagnostic arthroscopy exam under anesthesia, capsulorrhaphy with regimented discipline postoperatively, immobilization, and therapy.

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ColumbiaDoctors

The Physicians and Surgeons of Columbia University



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622 West 1629 Street, PRI1

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New York, NY 10032

Patient: JACQUELENE MCCLOREY Office Visit

DOB: Apr 06, 1995 MRN:5713245 Date of Visit:08/31/2010

Christopher S. Ahmed, M.D. Showker, Elbow & Sports Medicine (212) 305-5561

Melanie E. Comphell, N.P. Shinder, Ellion & Sports Medicine (212) 305-5561

Maria Carmeia Evangelista, N.P. General Orthopolics (212) 305-1566

Churla R. Piecker, M.D. Spine (212) 305-9192

Juffrey A. Geiler, M.D. Hip & Knee Replacement (212) 305-1120

Justin K. Greinberg, M.D. Faint & Antic, Transas (212) 305-5604

Charina M. Jobia, M.D. Shoulder, Elbow & Sports Medicine (212) 385-6445

R. Kumar Kadiyala, M.D., PhD Hami, Ethow, Upper Extractly Peripheral Nerve and Traume (212) 932-4403

Yongjung Kim, M.D. Spilor (212) 305-5391

Francis Y. Lee, M.D., Ph.D. Timor & Bone Disease, Pollatrics (212) 305-3253

William N. Levine, N.D. Sheulder, Ellow & Sports Medicine (212) 305-0762

T. Senn Lyuch, M.D. Sports Medicine (212) 305-0761

William B. Mozzuley, M.D. Hip & Knee, Transe (212) 305-6959

Obsumes A. Hercendau, M.D. Hip & Kiese, Transis (212) 305-5416

Michile P. Bassewesser, M.D. Haini, Ellero, Microscocider, Transse (212) 305-8036

Rockes P. State, M.D./J.D. Hip & Knoe Replacement (212) 305-4426

Robert J. Eirneck, M.D. Hand, Ellico and Microscopia (212) 395-4272

J. Turner Vesseller, M.D. Fact & Ankle, Transa (212) 305-4587

Mark Weidenbauer, M.D. Spins (212) 305-1962

George J. Zambetti, Jr., M.D. Sports Medicine, Kines Arthroscopy and Training (212) 506-0236 DATE OF SURGERY: 08/16/2010.

HISTORY:

Jacqueline is here for followup, and she is 15 days status post left shoulder arthroscopic labral repair and capsulorrhaphy. Denying problems with numbness and tingling.

PHYSICAL EXAMINATION:

Wounds are well healed. Sutures are removed. Steri-Strips are applied. External rotation is 30, forward elevation is 60 without difficulty. 2+ radial pulse. Skin is intact.

IMPRESSION:

Doing well status post above surgery.

PLAN:

Home exercises for elbow, wrist. We will avoid physical therapy to allow further healing, and she will follow up in two to three weeks and consider initiation of therapy at that time.

Electronically signed by: CHRISTOPHER AHMAD M.D. Sep 17 2010 11:07AM EST

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NY ORTHOPAEDIC HOSPITAL ASSOC., P.C. Columbia Orthopaedica 622 West 168* Street, PH11 New York, NY 10032

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Patient: JACQUELENE MCCLOREY Office Visit

DOB: Apr 06, 1995 MRN:5713245 Date of Visit:09/16/2010

Christopher S. Ahmad, M.D. Shoulder, Elbow & Sports Mesiciae (212) 305-5561

Moissie E. Camphell, N.P. Shoulder, Elbow & Sports Medicine (212) 305-5561

Marie Carmeia Evangelista, N.P. General Orthopedics (212) 305-1566

Charle R. Flecker, M.D. (212) 305-9192

Jeffrey A. Geller, M.D. Hip & Kine Replacement (212) 305-1120

Justin K. Greicherg, M.D. Foor & Ankle, Transac (212) 305-5604

Charles M. Jahin, M.B. Shoulder, Ellion & Sports Medicin (212) 305-6145

R. Kumar Kadiyala, M.D., PhD Hand, Ethner, Upper Extremity Paripheral Herre and Trauma (212) 932-4403

Youging Klas, M.D. (212) 305-5391

Francis Y. Lee, M.D., Ph.D. Timor & Bone Disease, Pudiatrics (212) 305-3293

William M. Lovine, M.D. udder, Elbour & Sports Afesticine (212) 305-0762

T. Seen Lynck, M.D. Soorts Medicine (212) 305-0761

William B. Macanlay, M.D. Hip & Knee, Trans (212) 305-6959

Okames A. Nercanias, M.D. Hip & Keer, True (2)2) 365-5496

Melvin P. Rosenwasser, M.D. Haml, Ellow, Afterwasenier, Tres (212) 305-8036

Resisen P. Shah, M.D./L.D. Hip & Knee Replacement (212) 385-4626

Robert J. Stronels, M.D. Hand, Elbor and Micronocular (217) 305-1272

J. Turner Vesseller, M.D. Fact & John, Thomas (212) 305-4587

Mark Weidenbeum, M.D. (212) 305-3962

George J. Zambetti, Jr., M.D. Sparts Medicine, Knee Anheoscopy and (212) 506-0236

HISTORY:

Jacqueline is here for followup 4-1/2 weeks status post a left shoulder labral repair and capsulorrhaphy. Denying problems with numbness and tingling, using a brace, back to school.

PHYSICAL EXAMINATION:

External rotation 60, forward elevation 120, 2+ radial pulse. Skin is intact. No adema. No instability and well-healed incisions.

IMPRESSION:

Doing well status post above surgery.

Continued sling immobilization. She will begin therapy in two weeks and avoid stretching, focusing on strengthening.

Electronically signed by: CHRISTOPHER AHMAD M.D. Sep 17 2010 11:08AM EST









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Columbia Orthopaedics
622 West 163° Street, Fill I
New York, NY 10012

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Patient: JACQUELENE MCCLOREY Office Visit

DOS: Apr 06, 1995 MRN:5713245 Date of Visit:10/11/2010

Christopher S. Ahmad, M.D. Shoulder, Elbow & Sports Medicine (212) 305-5561

Melanie B. Campbell, N.P. Shoulder, Elbew & Sparse Medicine (212) 305-556)

Marie Carnels Evangelista, N.P. General Orthopolics (212) 305-1566

Charia R. Fischer, M.D. Spilm (212) 305-9192

Jeffrey A. Geller, M.D. Hip & Knee Replocement (212) 305-1120

Justin K., Greisberg, M.D. Fooi & Antie, Transs (212) 305-5604

Charles M. Johle, M.D. Shoulder, Elbow & Sports Medicine (212) 305-6445

R. Kamar Kadlysin, 84,D., PhD Hond, Ellion, Upper Rivarity Pariphard Nerve and Trauma (212) 932-4403

Youging Kim, M.D. Spins (212) 305-5391

Francie V. Los, M.D., Ph.D. Tumor & Boss Disease, Pudiorics (212) 305-3293

William N. Lovine, H.D. Shoulder, Ethore & Sports Medicine (212) 305-0762

T. Sean Lynch, M.D. Sports Medicine (212) 305-0761

William B. Mecselsy, M.D., Hip & Kies, Training (212) 305-6959

Chammen A. Hercemian, M.D., Hip & Knee, Transac (212) 105-5416

Melvin P. Rosenwaner, M.D. Hand, Elline, Microvascular, Transa (212) 385-8036

Rankau P. Shah, M.D./2,0, 16p & Kase Replacement (212) 305-4526

Robert J. Strauch, M.B. Hand, Ellow and Microvarcolor (212) 305-4272

J. Turner Vesseller, M.D. Foot & Anile, Transac (212) 305-4587

Mark Weldenhaum, M.D. Spine (212) 305-3962

George J. Zumbetti, Jr., M.D. Sports Mechelus, Knes Arthrocopy and Transa (212) 506-0236 HISTORY:

Jacqueline is here for follow up. She is 2 months status post a left shoulder labral repair, capsulorraphy. She is back in school. She is doing well with physical therapy.

PHYSICAL EXAMINATION:

External rotation to 60. Forward elevation 160. 2+ radial pulse. Skin is intact. No edema. No instability.

IMPRESSION:

Doing well status post above surgery.

PLAN:

The plan is for continued physical therapy, weaning from the sling. Follow up in 6 weeks.

Electronically signed by: CHRISTOPHER AHMAD M.D. Oct 29 2010 4:24PM EST

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Columbia Doctors
The Physicians and Surgeons
of Columbia University

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NY ORTHOPAEDIC HOSPITAL ASSOC., P.C.
Columbia Orthopsedics
622 West [624 Street, PH11
New York, NY 10032

www.avp.ors/columbia.urbo

Patient: JACQUELENE MCCLOREY
Office Visit

DOB: Apr 06, 1995 MRN:5713245 Date of Visit:11/22/2010

Christopher S. Ahmad, M.D. Shendder, Elbow & Sports Medicine (212) 303-3561

Malanie E. Campbell, N.P. Shoulder, Elbow & Sparts Medicine (212) 305-5561

Maria Carmola Evangelista, N.P. General Orthopolics (212) 305-1546

Charle R. Fischer, M.D. Spiles (212) 305-9192

Joffrey A. Geller, M.D. Hip & Kure Replacement (212) 385-1120

Justia K. Greisberg, M.D. Foot & Ankle, Trauma (212) 305-5604

Charles M. John, M.D. Shoukier, Ellere & Sports Medicine (212) 305-6445

R. Kumar Kadiyala, M.D., PhD Hand, Elbow, Upper Extremity Partiplisms Herry and Transic (212) 932-4403

Yongjung Kim, M.D. Spine (212) 305-5391

Francis Y. Lee, M.D., Ph.D. Temor & Sone Disease, Pediatrics (212) 305-3293

William N. Levine, H.D. Shonider, Eller & Sports Medicine (212) 305-6762

T. Sean Lynck, M.D. Sports Medicine (212) 303-0761

William B. Macriday, M.D. Hip & Kure, Trainia (212) 305-6959

Ohannas A. Horcasian, M.D. Hip & Kiese, Transas (212) 303-5486

Mehrin P. Rassanninser, M.D. Haird, Ellion, Microvaicador, Transar (212) 305-8036

Rechast P. Shah, M.D.J.D. Hip & Kees Replacement (212) 305-4626

Habert J. Breuch, M.D. Hand, Elbor and Microsocolor (212) 305-4272

J. Turner Vandler, M.D. Food & Anile, Transa (212) 305-4587

Maris Weldenbeam, M.D. Saine (212) 305-7082

George J. Zambetti, Jr., M.D., Sports Medicine, Knee Arthroscopy and Trauma (A12) 506-0236 HISTORY:

Jacqueline is here for follow up. She is three months status post a left shoulder arthroscopic repair and capsulorraphy. Denying problems of numbness and tingling. Back in school and she is very satisfied with the result. No episodes of instability.

Further details of the past medical history, past surgical history, review of systems, medications and family history are reviewed and outlined in the chart.

PHYSICAL EXAMINATION:

Exam reveals a healthy appearing female alert and oriented times three. Mood and affect appropriate. She is ambulating in a slow steady gait. Left shoulder has forward elevation to 150, external rotation to 60 to external rotation T10. Normal sensation. 2+ radial pulse. Skin is intact. No edema. No instability. Negative posterior apprehension.

IMPRESSION:

Doing well status post above surgery.

PLAN:

The plan is for continued physical therapy. Transition to home exercise program. Follow up in six weeks.

Electronically signed by: CHRISTOPHER AHMAD M.D. Jan 4 2011 10:21AM EST

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NY ORTHOPARDIC HOSPITAL ASSOC., P.C.
Celumbia Orthopsedica.
522 West 164° Street, PH11
New York, NY 10032

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www.avp.ora/columbiaortho

Patient: JACQUELENE MCCLOREY
Office Visit

DOB: Apr 06, 1995 MRN:5713245 Date of Visit:01/05/2011

Christopher S. Ahmad, M.D. Shraider, Elliow & Sparts Medicine (212) 305-5561

Melanie E. Campbell, N.P. Shinder, Ellow & Sports Medicine (212) 305-5561

Maria Carmela Evangelista, N.P. General Orthopadics (212) 305-1566

Charle R. Fischer, M.D. Spine (212) 305-9192

Jeffrey A. Geller, M.D. Hip & Knee Replacement (212) 305-1120

Justin M. Greicherg, M.D. Foot & Antie, Transe (212) 305-3604

Charles M. Jobin, M.D. Skoulder, Elbow & Sparts Medicine (212) 305-6445

R. Kumar Kadiyala, M.D., PaD Hand, Show, Uguer Extremity Purpoteral Nerve and Transac (212) 932-4463

Yongjung Kim, M.D. Spins (212) 305-5391

Prancis Y. Lee, M.D., Ph.D., Timor & Bone Disease, Pediatrics (212) 305-3293

William N. Lerlee, M.D. Shoulder, Elbert & Sports Medicine (212) 305-0762

T. Sean Lyuch, M.D. Spotts Medicine (212) 305-0761

William B. Macaulay, M.D. Hip & Knee, Traum (212) 305-6959

Ohmmes A. Nercesslau, M.D. Hip & Kinz, Transas (212) 305-5686

Melyin P. Ressurenser, M.D. Haind, Ellen, Allerweisenfer, Transac (212) 365-8036

Rookson P. Shale, M.D.(J.D. Hip & Knee Replacement (212) 303-4626

Robert J. Stranck, M.D. Hand, Ether and Afternación (212) 305-4272

L Turner Vesseller, M.D. Foot & Ankle, Trauna (212) 385-4587

Mark Weidenbaum, M.D. Spine (212) 305-3962

George I. Zambetti, Ir., M.D. Sports Medicine, Knee Arthroscopy and Trauma (212) 506-0236 HISTORY:

Jacqueline is here for followup. She is 4-1/2 months status post left shoulder arthroscopic repair and capsulorraphy. Denying problems with numbness and tingling. She is doing physical therapy. She is interested in softball this spring.

Further details of the past medical history, past surgical history, review of systems, medications, and family history have been reviewed and outlined on the chart.

PHYSICAL EXAMINATION:

Exam reveals healthy-appearing female. Alert and oriented x 3. Mood and affect are appropriate. She is ambulating with a nonantalgic gait. The left shoulder has forward elevation 175, external rotation is 80, internal rotation T6. Radial pulse 2+. Skin is intact. No edema. No instability. Negative posterior apprehension.

IMPRESSION:

Doing well status post above surgery.

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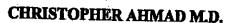
The plan is for continued physical therapy \ She will follow up in 2 months.

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Electronically signed by: CHRISTOPHER AHMAD M.D. Feb 3 2011 12:27PM EST

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NY ORTHOPAEDIC HOSPITAL ASSOC., P.C. Catamble Orthopaedics
622 West 165* Servet, PH11
New York, NY 10832

www.nyn.ore/columbinortho

Patient: JACQUELENE MCCLOREY
Office Visit

DOB: Apr 06, 1995
MRN:5713245
Date of Visit:03/17/2011

Christopher S. Ahmed, M.D. Shoulder, Elbow & Sports Medicine (212) 345-5561

Melaule E. Campbell, N.P. Shookker, Elbow & Sports Medicine (212) 305-3561

Maria Carmala Evangelista, N.P. General Orthopolics (212) 305-1566

Charia R. Flecher, M.D. Spine (212) 305-9192

Jeffrey A. Geller, M.D. Hip & Knee Replacement (212) 305-1128

Justin K. Greisberg, M.D. Foot & Anile, Traums (212) 305-5604

Charles M. Johls, M.D. Shoulder, Elicie & Sports Medicine (212) 305-6445

B. Kumar Kadiyala, M.B., PhD Hond, Elbow, Upper Extremity Peripheral Nerve and Transa (212) 932-4403

Yongjung Kim, M.D. Spine (212) 305-5191

Francis Y. Leo, M.D., Ph.D. Toncor & Bone Dissaue, Pediatrics (212) 305-3293

William N. Levine, M.D. Shoulder, Ellow & Sparte Idealcine (212) 205-0762

T. Sean Lyach, M.D. Sports Medicine (212) 305-0761

William B. Macaulay, M.D. Hip & Knee, Trusses (212) 305-4959

Ohnnus A. Nerconiau, M.D. Hip & Knes, Trausa (212) 385-5486

Melvin P. Raseswanser, M.D. Hand, Ellew, Microsescoke, Trusse (212) 385-8036

Rachem P. Stude, M.D.C.D. Hip & Knee Replacement (212) 305-4626

Rabort J. Stranch, M.D. Hand, Ellion and Afteronomics (212) 365-4272

J. Turner Vereller, M.D. Foot & Adds: Transac (212) 305-4527

Maria Weldenhamm, M.D. Spine (212) 385-3962

George J. Zambetti, Jr., M.D. Spores Medicine, Knew Arthroscopy and Transac (212) 506-0236 HISTORY:

Jacqueline is here for followup seven months status post a left shoulder arthroscopic stabilization. Denying positive numbness and tingling, completely pain free, and no episodes of instability. She is interested in throwing.

Further details of the past medical history, past surgical history, review of systems, medications, family history are reviewed and outlined in the chart.

PHYSICAL EXAMINATION:

A healthy-appearing female. Alert and oriented times three. Mood and affect appropriate. She is ambulating with a nonantalgic gait. The left shoulder has forward elevation 175, external rotation 80, internal rotation T6. In abduction, external rotation 90, internal rotation 70. Radial pulse 2+. Skin is intact. No edema. No instability. There is excellent atrength.

IMPRESSION:

Doing well status post above surgery.

PLAN.

Initiation of throwing program, and she will follow up in two months if necessary.

Electronically signed by: CHRISTOPHER AHMAD M.D. Mar 21 2011 3:38PM EST

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